

Date: 2/10/2021

Our Ref. No.:

Letter of Authorisation

| SHC Y6 ("AutoSvs and along | hirer / relief driver / 57 Thereby auth ") to deal with all m on My Ploveen | norise Strides natters arising ou | or Strides taxi reg Automotive Sel t of the accident happened on | gistration numb rvices Pte L between my ta | er td exi _01/10/202 |
|---|---|--|--|---|--------------------------------------|
| absolute dis damages or Without prej resolve and s but not limite | ent") on my behale occeedings against cretion) in respect of action made against udice to the foregreettle any proceeding to doing any action my behalf | such party or party or party or party or demonstrated or incurred or oing, I further and or claim arising or claim arising or execution. | rties (as AutoSvs and, loss, cost, ex or suffered by us. uthorise AutoSvs g out of the accid | deems fit in it xpense, liability s to negotiate, | s , |
| NRIC No. :. Tel No. :. Address : | ST0098582 81449921 BIK 169, W | 100 DL ANDS | Sidney | S. C. | |



STRIDES TAXI PTE LTD

MEMORANDUM

To:

Claims Department

Our Ref:

TAX/10/21/2002/ST

ACCIDENT INVOLVING SHC4657T & YP1471L ON 01.10.2021 ALONG PIONEER ROAD

This is to certify that the daily rental rate for SHC4657T is \$66.00

Please proceed to recover any rental loss from the third party as a result of the above accident.

Thank you.

Yours sincerely STRIDES TAXI PTE LTD

STRIDES

Laid Up Report

Accident Start Date: 01/10/2021

Accident End Date : 01/11/2021

Date Generated: 15/11/2021

01/11/2021

User Name : TanSelena

| Case Reference Number | Vehicle Registration Number | Company Type | Vehicle Make | Vehicle Model | Job Card Number | Date and Time (Accident Repair) | Date and Time (Repair Completed) |
|-----------------------|--------------------------------|----------------------|--------------|---------------|-----------------|------------------------------------|-------------------------------------|
| TAX/10/21/2002 | SHC4657T | Strides Taxi Pte Ltd | тоуота | PRIUS | 24112525 | 01/10/2021 8:44 PM | 20/10/2021 8:38 AM |

Total = 18 days.



Customer Code: 3000063

STRIDES TAXI PTE. LTD.

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4

SINGAPORE 757705

RECEIVED

2.5 NOV 2021

SMRT AUTOMOTIVE SERVICES PTE LTD Claims & Insurance Agency

Strides Automotive Services Pte. Ltd. 2 Tanjong Katong Road, Tower 3, Paya Lebar Quarter, #08-01, Singapore 437161 Tel: 65 69083530 Fax: 65 69083592

Tax Invoice

GST Reg No. : MR-8500001-7
CRN : 199004280Z
Invoice No. : IV211100303
Date : 24.11.2021
Vehicle No. : SHC4657T

Your Ref No. : TAX/10/21/2002

Our Ref No. : 24112525 Terms : 30 Days

| Description | Qty | Unit | Add | / (Discount) | Amount |
|-------------|-----|------|-----|--------------|--------|
| | | Cost | 8 | Amount | |

LUMP SUM AMOUNT FOR REPAIR
AS PER SURVEYOR'S RECOMMENDATION

1.00

\$ 1,800.00

TOTAL \$ 6,700.00
REPAIR COST EXCEED SALVAGE
VALUE BEARED BY STRIDES TAXI
-\$ 4,900.00
GRAND TOTAL \$ 1,800.00

Remark :

Make/Model : TOYOTA PRIUS Accident Date : 01.10.2021

Payment Instructions

By Cheque: Crossed and made payable to "Strides Automotive Services Pte. Ltd." with invoice no. indicated on the reverse side. No receipt will be issued unless requested.

By Bank Transfer:

Account Name : Strides Automotive Services Pte. Ltd.

Bank Name : DBS Bank Ltd - SGD

Bank Account No.: 018-008617-4

Swift Code : DBSSSGSG

KOO YEW Chung

Authorised Signature

for Strides Automotive Services Pte. Ltd.

A Singapore Government Agency Website

Enquire Vehicle-Related Transaction History

*Transaction History Details

Log Date/Time:

04 Oct 2021 / 09:39:04

Asset Type:

Vehicle

Asset ID: Transaction Type: YP1471L

18.32 Insurance Enquiry (GIRO Payment)

User ID:

ESASBAHO - BALQISH BINTE ABDUL HALIL

Search Date / Time: Insurance Company: 01 Oct 2021 20:40:00

QBE INSURANCE (SINGAPORE) PTE LTD

Information displayed is correct as at the log date and time.

Transaction Amount:

\$7.49

Channel:

Business Transaction Reference No.:

External Agency 20211004093904679542

Enquire Related Logs

ОК

SINGAPORE ACCIDENT STATEMENT

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 5. Any false reporting may be referred to the Police for investigation.

 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving
- and that copies of this report will, for a fee, be made available upon application by interested parties.

 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 04/10/2021 09:35 (SGT) Date of Accident 01/10/2021 20:40 (SGT) **Exact Location of Accident** Pioneer Rd, Singapore Additional Location Information PIONEER ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC4657T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Strides Taxi Pte Ltd Company Reg No 1XXXXX369K **Email Address** AUTO-SVCS-TARC@SMRT.COM.SG Mobile Phone No (Phone) +65-68662671 Alternative Phone No (Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer Toyota Model Prius Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Taxi Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Type of Coverage ThirdParty Fleet Policy Yes Policy Number D-21097466MFSH Cover Note Number

DRIVER

Name of Driver SELVAKUMAR RAJ S/O GOVINDASAMY RAJOO PILLAI NRIC No SXXXX858Z

Date Of Birth 31/03/1970 Occupation Outdoor **Date Of Driving Pass** 03/12/2003 Driving experience 17 YEARS AND 10 MONTHS Gender Małe Mobile Number (Phone) +65-68662671 Alt. Phone Number **Email Address** AUTO-SVCS-TARC@SMRT.COM.SG Address 11 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) Nο soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Woodlands West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003639999 Alt. Police Station Phone No (Fax) +65-63640997 Police Station Address 1 Woodlands St 12 Singapore 738622 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20211002/2002

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report **correctly** the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

| Policyholder & Signature / Date & Firme | Driver's Signature (If driver is a & Time | | Witnessed by Reporting Centre Personnel |
|---|---|--------------|---|
| ketch Plan | | Pioneer Road | A-SHC 4657T |
| | | | B- YP 14-71 L |

| escribe Circumstances | s of the Accident | <u> </u> | | |
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Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

di 2/10/2021





Police Station Of Origin: Woodlands West N.P.C.

1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

1 of 3

Report No. T/20211002/2002

REPORT OF A TRAFFIC ACCIDENT

| Date/Time 02/10/202 | | ade: | Vide Report No.: | Station Diary No.: | |
|---|------------|------------------|---|---|--|
| Informant | 's Particu | lars | | SERVICE THE PROPERTY OF THE PROPERTY OF | |
| Name of In SELVAKU GOVINDA | MAR RAJ | S/O JOOPILLAI | Address: APT BLK 169 WOODLANDS 730169 | STREET 11 #05-85 SINGAPORE | |
| ID Type / ID No.: NRIC NO / S7009858Z Nationality: SINGAPORE CITIZEN | | | Contact No.: Home/Office: Mobile: 81449991 Email: | | |
| Sex: Age: Date of Birth: Male 51 31/03/1970 | | | Type of Informant: Driver | | |
| Race: Indian | | | Language: English | Institution / School Name: | |
| Occupation: TAXI DRIVER | | | Driving Licence Information: Class: 2B,3 | Date of Expiry: | |

| General Inform | nation of the Accident | t was a second | | | | |
|---------------------------------|--------------------------------|----------------|-------------------------|--------------------------------------|------|------------------------------------|
| Type of Accident: | Injury Government Vehic | cle | Drink Drive: No | Date/Time of Accident: 01/10/2021 20 | 0:40 | Type of Location: Straight Road |
| Location: | | | | | | |
| PIONEER RO | AD | | | | | |
| Weather: Raining | | Road S | Surface: | | Roa | d Speed Limit: |
| Traffic Flow: One Way | | | Control: trian Cross | ing | | fic Volume: Fraffic |
| Type of Collisi Between Movi | on: ng Vehicles - Head To I | Rear | | | | one conveyed by ulance: |

| Details of V | ehicle Invo | lved | | | MODE LANGE BURE | |
|--------------|-------------|------|-------|-------|----------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| SHC4657T | Car | | | | Seriously Damaged | |
| YP1471L | Lorry | | | | Seriously Damaged | |

| Details of Person Involved | CONTRACTOR OF THE STREET, STRE |
|---------------------------------|--|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





Report No. T/20211002/2002

Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999 **CONTINUATION OF REPORT**

| Driver | | | | 2000 | | THE RESERVE THE PROPERTY OF THE |
|-------------------|-------------------------------|------------|--|--------------------------------------|-----------|--|
| Name | SELVAKUMAR RAJ RAJOOPILLAI | S/O GOVINI | DASAMY | ID No. | | S7009858Z |
| Related Vehicle | SHC4657T (Car) | | | Contact No. | | 81449991 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | | Class Drivin Licend Expire | g | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 01/10/2021 Date Disc | | | | | 0/2021 |
| No. of Days gran | ted Medical Leave 05 Degree o | | | | | |
| Driver | | | The state of the s | 1007 200 | | The state of the s |
| Name | JAYARAMAN UTHIRAPTHI | | ID No | | G8546864U | |
| Related Vehicle | NIL | | | Contact No. | | NIL |
| Hospital/Clinic | NIL | | | Class Driving Licend Expiry | g ce & | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disch | | NIL | |
| No. of Days grant | ed Medical Leave | NIL | Degree of | | NIL | |

Brief Details.

On the above mentioned date and time, I was working and was driving my taxi namely : SHC4657T along pioneer road, beside Tuas Amenity Centre. I had come to a stop at a traffic light and was about to move off when the traffic light had turned green. As I was about to move off, Driver namely : Jayaraman Uthirapathi of vehicle YP1471L had collided onto the rear of my vehicle. I came out of my vehicle and saw that the back of my taxi had been broken and my rear bumper was smashed. Jayaraman's vehicle was damaged on his front bumper. We exchanged particulars and took photos of each other's vehicle. No traffic police and ambulance was at scene. I went to Mount Alvernia Hospital at around 2300hrs after my vehicle was towed and was given 5 days Medical leave for my head vertigo, neck and back pains. I am now lodging this police report for my own personal insurance claims.





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622

Report No. T/20211002/2002

3 of 3

Tel No: 1800-363 9999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| Signature of Officer Recording The Report | Signature Of Informant: |
|--|-----------------------------|
| Sgt 2 VIVEKANANTHAN S/O RAJ KUMAR | |
| Signature Of Interpreter: Not applicable | Date/Time: 02/10/2021 01:25 |
| | |
| Officer In Charge Of Case: TP / AEIT / | Classification Of Case: |
| SI ANG YI TING, STEPHANIE Contact No.: 65476414 | |
| Authentication Stamp NP168 | |

Singspore Police Force

